



ARIZONA RADIATION REGULATORY AGENCY

NON-IONIZING RADIATION REGISTRATION APPLICATION

INSTRUCTIONS: Complete all items in this application for a new license or the renewal of an existing license. Use the provided data forms and supplemental sheets where necessary. Retain a copy of this application for your records. **Mail the original to:** Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of this application, the applicant will receive a Non-Ionizing Radiation Registration issued in accordance with the requirements contained in Arizona Administrative Code.

1. NAME AND MAILING ADDRESS OF REGISTRANT: (Include ZIP CODE) TELEPHONE NUMBER:	2. ADDRESS AT WHICH DEVICE(S) WILL BE USED
3. PERSON TO CONTACT REGARDING THIS APPLICATION TELEPHONE NUMBER:	4. THIS IS AN APPLICATION FOR: (check appropriate item) <input type="checkbox"/> NEW REGISTRATION: <input type="checkbox"/> RENEWAL OF REGISTRATION NO. _____ <input type="checkbox"/> AMENDMENT TO REGISTRATION NO. _____

5. THIS APPLICATION IS FOR: (Check appropriate item)

- | | | |
|---|-------------------------|---|
| <input type="checkbox"/> TANNING FACILITY | number of devices _____ | Attach Tanning Data Forms and Non-Ionizing Radiation User Applications |
| <input type="checkbox"/> INDUSTRIAL LASER FACILITY | number of devices _____ | Attach Laser Facility Data Forms and Non-Ionizing Radiation User Applications |
| <input type="checkbox"/> MEDICAL LASER FACILITY | number of devices _____ | Attach Laser Facility Data Forms and Non-Ionizing Radiation User Applications |
| <input type="checkbox"/> LASER LIGHT SHOW | variance number _____ | Attach Variance and Non-Ionizing Radiation User Applications |
| <input type="checkbox"/> MEDICAL RF DEVICE FACILITY | number of devices _____ | Attach RF Data Forms and Non-Ionizing Radiation User Applications |
| <input type="checkbox"/> INDUSTRIAL RF FACILITY | number of devices _____ | Attach RF Data Forms and Non-Ionizing Radiation User Applications |

The Applicant or the Official executing this certificate on behalf of the Registrant named in item 1, certifies that this application is prepared in conformity with Arizona Administrative Code, Title 12, Chapter 1, and that all information contained on the form, including any attachments, is true and correct to the best of his or her knowledge and belief. Further, the User Applicant or any official executing this certificate on behalf of the registrant agrees to conform to the Statutory and Administrative requirements of the State of Arizona Radiation Regulatory Agency.

(TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)

By:

(SIGNATURE OF CERTIFYING OFFICIAL)

(TITLE OF CERTIFYING OFFICIAL)

DATE

RETAIN A COPY FOR YOUR RECORDS